

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	WA		11-16-01
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	SE	897	11-23-01
<b>RESPONSE FORMALITY REVIEW</b>	M.D.	625	01-29-02

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	07/21/04
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Claim	Date
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If more than 150 claims or 10 actions  
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